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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No.		5000 508-8				
First Inventor		HUXEL, Edward T.				
Title	COATED FLAKED FATS					

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. EV 000 475 885US

APPLICA	ATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents					
See MPEP chapter 600 con	cerning utility patent application contents.	Washington, DC 20231					
See MPEP chapter 600 con  1. Fee Transmittal F (Submit an original and	Form (e.g., PTO/SB/17)  In duplicate for fee processing)  Is adupticate for fee processing)  Is adupticate for fee processing)  Is a duplicate for fee processing)  Is a duplicate for fee processing)  Is a forth below)  In the set forth below)  In the set forth below)  In the set forth below)  In the invention  In the invention  In the invention of the processing appendix  In the invention  In the invention of the processing appendix  In the invention of the invention of the processing appendix  In the invention of the processing appendix  In the invention of the invention of the processing appendix  In the invention of the processing appendix  In the invention of the inventio	ADDRESS TO: Box Patent Application					
1.63(d)(2) 6. Application Data		Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other:  the requisite information below and in a preliminary amendment,					
0.0000000000000000000000000000000000000	00000000000000000000000000000000000000	of prior application No.:09659,530					
Customer Number or Bar C		or Correspondence address below					
Name		· · · · · · · · · · · · · · · · · · ·					
Address City		State Zip Code					
Country	Telep	phone Fax					
Name (Print/Type)	Richard P. Stitt	Registration No. (Attorney/Agent) 35,693					
Signature	China O. M.	Date 01/15/2002					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (11-01)
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## FEE TRANSMITTAL for FY 2002

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	954-	

Sports to a compositor of file	ATTORION UNICOO IL GIODIATO U TORIO CIVID CONTROL HUMBOL.						
Complete if Known							
Application Number							
Filing Date	JANUARY 15, 2002						
First Named Inventor	HUKEL, Edward T						
Examiner Name	BECKER, Drew						
Group Art Unit	1761						
Attorney Docket No.	5000508-8						

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)					
Check Credit card Money Other None			3. ADDITIONAL FEES						
Deposit Account:			Large Entity Small Entity						
Deposit Account.				Fee			Fee Description	Fee Paid	
Account Number	500	- 354	105	130	205	ie (\$) 65	Surcharge - late filing fee or oath		
Deposit Account	Same								
Name	SPERE	er Fane	127	50	227	25	Surcharge - late provisional filing fee or cover sheet		
<u>                                     </u>		rized to: (check all that apply)	139	130	139	130	Non-English specification		
- •	(s) indicated be	low Credit any overpayments  s) during the pendency of this application	147	2,520	147	2,520	For filing a request for ex parte reexamination		
		low, except for the filing fee	112	920*	112	920*	Requesting publication of SIR prior to		
_	lentified deposit		112	4 0 4 0 *	112	4 0 4 0 \$	Examiner action		
		ALCULATION	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
1. BASIC F	ILING FEE		115	110	215	55	Extension for reply within first month		
Large Entity	Small Entity		116	400	216	200	Extension for reply within second month		
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description Fee Paid	117	920	217	460	Extension for reply within third month		
101 740	201 370	Utility filing fee		1,440	218	720	Extension for reply within fourth month		
106 330	206 165	Design filing fee	128	1,960	228	980	Extension for reply within fifth month		
107 510	207 255	Plant filing fee	119	320	219	160	Notice of Appeal		
108 740	208 370	Reissue filing fee	120	320	220	160	Filing a brief in support of an appeal		
114 160	214 80	Provisional filing fee	121	280	221	140	Request for oral hearing		
SUBTOTAL (1) (\$) 370				1,510		1,510	Petition to institute a public use proceeding		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				110	240	55	Petition to revive - unavoidable		
Z. EXTRA C	PLAIN FEE	Fee from		1,280	241	640	Petition to revive - unintentional		
Total Claims	72 -20*	Extra Claims below Fee Paid	142	1,280 460		640 230	Utility issue fee (or reissue) Design issue fee		
Independent	<u>-3</u>	= 2 × 42 = 84	144	620	244	310	Plant issue fee		
Claims Aultiple Dependent			122	130	122	130	Petitions to the Commissioner		
			123	50	123	50	Processing fee under 37 CFR 1.17(q)		
Large Entity	Small Entity		126	180	126	180	Submission of Information Disclosure Stmt		
Fee Fee Code (\$)	Fee Fee Code (\$)	Fee Description	581	40	581	40	Recording each patent assignment per		
103 18	203 9	Claims in excess of 20	301	~	301	70	property (times number of properties)		
102 84	202 42	Independent claims in excess of 3	146	740	246	370	Filing a submission after final rejection		
104 280	204 140	Multiple dependent claim, if not paid	440	740	040	070	(37 CFR § 1.129(a))		
109 84	209 42	** Reissue independent claims over original patent	149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
110 18	210 9	** Reissue claims in excess of 20	179	740	279	370	Request for Continued Examination (RCE)		
·		and over original patent	169	900	169	900	Request for expedited examination of a design application		
SUBTOTAL (2) (\$) 84				fee (sp	ecify)				
**or number	previously paid	, if greater; For Reissues, see above	*Redu	ced by	Basic	c Filing	Fee Paid SUBTOTAL (3) (\$)		

SUBMITTED BY Complete (if applicable)											
Name (Print/Type)	R	chard	P.	5+;++	Registration No. (Attorney/Agent)	<i>3</i> 5,	693	Telephone	516	292	8129
Signature	()	uest		2 Ster				Date	01-	- 15-	-02

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